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PINE VIEW TRANSITIONAL REHAB          PROVIDER #: 465155       FACILITY BEDS        TYPE ACTION: RECERTIFICATION
1497 EAST SKYLINE ROAD                    PHONE NUMBER: (801) 689-1600    TOTAL: 30
OGDEN UT 84405              PARTICIPATION DATE: 03/08/2004  CERTIFIED: 30      TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION


RESIDENT CENSUS ON 05/18/2005            LTC ADMISSION/SUSPENSION DATES              TOTAL CERTIFIED BEDS:   30
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         TOTAL:    28                    ADMISSION SUSPENDED:                    18    18/19    19    ICF/MR
      MEDICARE:    28                    SUSPENSION RESCINDED:                   --    -----    --    ------
      MEDICAID:     0                                                            30
         OTHER:     0


CURRENT SURVEY REVISIT DATES - 06/08/2005

PRIOR 3  S/S  PRIOR 2  S/S  PRIOR 1  S/S  CURRENT  S/S   PLAN/DATE
SURVEY   CODE SURVEY   CODE SURVEY   CODE SURVEY   CODE  OF CORRECT            PROGRAM REQUIREMENTS
                                03/2004       05/18/2005

                                          X C      D     06/04/2005   REQ  F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS


EDITION OF LSC APPLIED
             2000 NEW 2000 NEW
PRIOR 3  PRIOR 2  PRIOR 1  CURRENT    PLAN/DATE
SURVEY   SURVEY   SURVEY   SURVEY     OF CORRECTION              LSC DEFICIENCIES - BLDG NO. 01
                  03/2004  06/09/2005
                           X C        06/30/2005              K0018-CORRIDOR DOORS
                           X C        07/30/2005              K0046-EMERGENCY LIGHTING
                           X C        06/30/2005              K0050-FIRE DRILLS
                           X P        06/30/2005              K0051-FIRE ALARM SYSTEM
                           X P        06/30/2005              K0052-TESTING OF FIRE ALARM
                           X P        06/30/2005              K0054-SMOKE DETECTOR MAINTENANCE
                           X P        06/30/2005              K0056-AUTOMATIC SPRINKLER SYSTEM
                           X P        06/30/2005              K0064-PORTABLE FIRE EXTINGUISHERS
                           X P        06/30/2005              K0074-COMBUSTIBLE CURTAINS
                           X C        06/30/2005              K0077-PIPED-IN OXYGEN SYSTEM
                           X P        06/30/2005              K0144-GENERATRS INSPECTED/TESTED


C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSES    X=DEFICIENT
COP = CONDITION    REQ = REQUIREMENT
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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	1	0	0	0
HEALTH TOTAL	1	0	0	0
LIFE SAFETY CODE	11	0	0	0
LIFE SAFETY CODE + HEALTH	12	0	0	0

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COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY


FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY
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